County: Dodge
HILLSIDE MANOR
803 SOUTH UNIVERSITY AVENUE

BEAVER DAM	53916	Phone: (920) 887-5901		Ownership:	Non-Profit Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Co	njunction with	Hospital?	Yes	Operate in Conjunction with CBRF?	No

Operate in Conjunction with Hospital? Yes Operate in Conjunction with CDRF: NO Number of Beds Set Up and Staffed (12/31/03): 123 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 123 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 121 Average Daily Census: 122

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	용		
Home Health Care	No	 Primary Diagnosis	용	Age Groups	용	Less Than 1 Year	19.8		
Supp. Home Care-Personal Care	No					1 - 4 Years	48.8		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.5	More Than 4 Years	22.3		
Day Services	No	Mental Illness (Org./Psy)	16.5	65 - 74	3.3				
Respite Care	No	Mental Illness (Other)	4.1	75 - 84	24.0		90.9		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	60.3	* * * * * * * * * * * * * * * * * * *	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.8 95 & Over 9.			9 Full-Time Equivalent			
Congregate Meals No		Cancer	1.7			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	5.0		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	8.3	65 & Over	97.5				
Transportation	No	Cerebrovascular	19.0			RNs	12.1		
Referral Service	No	Diabetes	5.0	Gender	용	LPNs	13.0		
Other Services	No	Respiratory	8.3			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	31.4	Male	24.0	Aides, & Orderlies	42.4		
Mentally Ill	No			Female	76.0				
Provide Day Programming for			100.0			1			
Developmentally Disabled	No				100.0	I			

Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	343	87	96.7	117	0	0.0	0	25	92.6	183	0	0.0	0	0	0.0	0	116	95.9
Intermediate				3	3.3	98	0	0.0	0	2	7.4	174	0	0.0	0	0	0.0	0	5	4.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		90	100.0		0	0.0		27	100.0		0	0.0		0	0.0		121	100.0

Admissions, Discharges, and Deaths During Reporting Period

Percent Admissions from:

Private Home/No Home Health
Private Home/With Home Health
Private Home

	This	Other I	Hospital-	I	¥ΤΤ
	Facility	Based Fa	acilities	Faci	ilties
	용	8	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99.2	90.1	1.10	87.4	1.13
Current Residents from In-County	90.1	83.8	1.08	76.7	1.17
Admissions from In-County, Still Residing	24.6	14.2	1.74	19.6	1.25
Admissions/Average Daily Census	106.6	229.5	0.46	141.3	0.75
Discharges/Average Daily Census	105.7	229.2	0.46	142.5	0.74
Discharges To Private Residence/Average Daily Census	50.0	124.8	0.40	61.6	0.81
Residents Receiving Skilled Care	95.9	92.5	1.04	88.1	1.09
Residents Aged 65 and Older	97.5	91.8	1.06	87.8	1.11
Title 19 (Medicaid) Funded Residents	74.4	64.4	1.15	65.9	1.13
Private Pay Funded Residents	22.3	22.4	0.99	21.0	1.06
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	20.7	32.9	0.63	33.6	0.62
General Medical Service Residents	31.4	22.9	1.37	20.6	1.53
Impaired ADL (Mean) *	43.6	48.6	0.90	49.4	0.88
Psychological Problems	62.8	55.4	1.13	57.4	1.10
Nursing Care Required (Mean) *	7.5	7.0	1.08	7.3	1.03